



10th Quarterly Report

APRIL - JUNE 2000

**Prepared for
CHIKWAWA Community Health Partnerships**

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1. ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BIMI	Blantyre Integrated Malaria Initiative
CBD	Community-based Distributor
CBDA	Community-based Distributor Agent
CBM	Community-based Maintenance
CDA	Community Development Assistant
CDC	Centre for Disease Control
CHAM	Christian Hospital Association of Malawi
CHAPS	Community Health and Partnerships
CU	Concern Universal
DHO	District Health Officer
DHMT	District Health Management Team
DPMT	District Project Management Team
DRF	Drug Revolving Fund
DQAC	District Quality Assurance Committee
EBF	Exclusive Breast Feeding
EDHMT	Expanded District Health Management Team
GMV	Growth Monitoring Volunteers
HBC	Home-based Care
HESP	Hygiene Education and Sanitation Promotion
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
IEC	Information Education and Communication
IEF	International Eye Foundation
LEPSA	(LE) Learner Centred (P) Problem Possing (S) Self Discovery (A) Action Oriented
IMCI	Integrated Management of Childhood Illness
MOAI	Ministry of Agriculture and Irrigation
MOHP	Ministry of Health and Population
ORT	Oral Rehydration Therapy
PHAST	Participatory Hygiene and Sanitation Transformation
PLWA	People Living With AIDS
POSB	Post Office Savings Bank
QECH	Queen Elizabeth Central Hospital
QA	Quality Assurance
QIT	Quality Improvement Team
USAID	United States Agency for International Development
STAFH	Support to AIDS and Family Health
STD	Sexually Transmitted Diseases
SUCOMA	Sugar Company of Malawi
TBA	Traditional Birth Attendant
TH	Traditional Healer
VHC	Village Health Committee
VHV	Village Health Volunteer
VHWC	Village Health Water Committee
VLOM	Village Level Operation Maintenance

2. EXECUTIVE SUMMARY

This report describes CHIKWAWA CHAPS activities from April to June 2000. It contains accomplishments, lessons learnt and challenges. The activities conducted cover areas of capacity building and programme interventions. Activities planned for the forthcoming quarter have been outlined.

Several meetings have taken place at district and central level, and helped the Expanded District Health Management Team in the development of the District Annual Health Work plan for 2000-2001. Quarterly review meetings to monitor progress and make the necessary adjustments have been scheduled for the future.

Additional funding provided by USAID enabled the district to send 10 participants mostly from health centre level for management training at the Malawi Institute of Management.

The District formed and trained the District Quality Assurance Committee by the team from the Quality Assurance Project. Members include representatives from the health sector and the community. The QA Coaches supervised the 7 Quality Improvement Teams (QITs) through visits at the respective health centres. Eleven Programme Coordinators attended a training on creation of a positive training climate in adult learning situations. The schedule for next quarter's activities includes the training of an additional 3 QITs.

The Project conducted training of 30 IEC Facility Coordinators and Programme Coordinators, including participants from Government, CHAM and private facilities. Training of members of 11 drama groups on specific key messages on malaria, STD/HIV/AIDS, diarrhoeal diseases and family planning was conducted. Members of 11 more drama groups will be trained and drama and film shows be held during the forthcoming quarter.

To improve vehicle management the Transport Committee had a meeting in which the committee assigned the drivers to individual vehicles. Seventeen health workers riding government motorcycles were tested and issued with driving licenses by the Road Traffic Commission.

The Ngabu Rural Hospital Theatre and Kitchen are finally completed. The kitchen is in use while for the theatre, allocation of staff is pending and the procurement of the equipment is underway. The Project carried out a comprehensive assessment of the existing outreach clinics and the need for construction or rehabilitation of additional outreach shelters during this quarter. Construction of 9 new shelters is almost completed, while 3 shelters are in the process of being rehabilitated.

While sixteen new Community-based Distributors (CBDs) and 6 CBD Supervisors were trained, 3 Village Health Committees were oriented on the CBDA Programme in support of the role that both CBDs and the committees will play to promote an increased use of modern family planning methods. Twenty Health Centre staffs, mostly nurses and midwives, were trained on the TBA programme and are now participating in the supervision of the 146 existing TBAs from health centre level. Refresher training planned for TBAs for the next quarter include orientation on family planning and involvement of TBAs in condom promotion.

Following the findings and recommendations from the National Home-based Care (HBC) programme assessment carried out earlier this year, a review of the HBC training curriculum was started in preparation for refresher courses for the existing HBC volunteers. Under the CHAPS adult literacy programme linked with HIV/AIDS prevention and family planning promotion, 10

new adult literacy instructors, that will conduct 10 new classes for around 100 women, were trained. Fifteen Community Development Assistants (CDAs) were oriented on the CHAPS adult literacy programme and will now help in providing continuous supervision to the classes and learners.

Volunteers and Village Health Committee members were trained and six new Drug Revolving Funds established at community level. Drug supply has been set-up at health centre level. Community-based activities planned for the next quarter will focus much on an increased involvement of Growth Monitoring Volunteers (GMVs) on diarrhoea control and prevention and promotion of exclusive breast-feeding.

Two district nurses attended the Training of Trainers in Exclusive Breast Feeding (EBF) in Lilongwe. The District EBF Task Force that will support the nurses in strengthening EBF promotion activities in the district was established.

The baseline assessment for Integrated Management of Childhood Illness (IMCI) has been completed in the health facilities. The report is expected to be out in the next quarter. Three participants from CHIKWAWA attended training in IMCI case management, with for now a total of five staffs trained for the district.

Training of Health Surveillance Assistants (HSAs) and Traditional Healers (TH) on primary eye care has allowed identification of fifty-four cataract patients, of which thirty-nine were operated at CHIKWAWA District Hospital during this quarter.

Besides follow-up visits to farmers participating in last year's seed exchange programme, preparations for the coming planting season included the procurement of soya and groundnut seeds for promotion of protein rich foods, and vegetable seeds and watering cans for farmers involved in the establishment of backyard gardens for promotion of Vitamin A and/or oil rich vegetables. Plans for the next quarter include further preparations such as the training of 180 farmers on permaculture and biological seed/vegetable preservation techniques and the procurement of 12 solar dryers for vegetable preservation.

A midterm evaluation of the CHAPS water and environmental sanitation component carried out by Concern Universal was conducted during this quarter. Activities that took place under this programme component included the training of eighteen new Village Health and Water Committees (VHWCs) and refresher courses for twenty-four existing VHWCs, various IEC activities such as drama and band performances and village exchange visits, the construction of 469 new latrines and improvement of 769 existing latrines, training of 126 VHWC members on simple hand pump maintenance and follow-up visits to villages involved in the programme. Besides continuation of the component's ongoing activities an assessment of water supply and sanitation at MOHP health facilities is planned for the next quarter.

3. INTRODUCTION

This report describes activities carried out under the Community Health Partnership Programme (CHAPS) in CHIKWAWA District from April to June 2000. This was the first quarter of the third year of CHAPS implementation within the district. As previously all activities were carried out jointly by the Ministry of Health and Population (MOHP) and the International Eye Foundation (IEF) as main partners, involving other important stakeholders such as St. Montfort Hospital and SUCOMA Health Personnel and Management. A brief outline follows the description of the activities of activities planned for the next quarter, i.e. from July to September 2000.

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4. MAJOR ACTIVITIES AND ACCOMPLISHMENTS

5.0. CAPACITY BUILDING

5.1. Planning

Members from the Expanded District Health Management Team (EDHMT) and the Programme Coordinators attended two planning workshops organized at district level during this quarter. The aim of the planning workshops, was to produce the District Annual Health Work plan 2000 – 2001, including CHAPS activities for April 2000 - June 2001 and other district health activities according to MOHP calendar for July 2000 - June 2001.

Members of the EDHMT attended two planning review meetings in Lilongwe. During the meetings, members presented the District Work plan and were helped by the staff of the MOHP Planning Unit and Consultants for simplification and development of specific areas of the plan.

Upon completion of the plan, the district team is now planning quarterly review meetings, where progress made will be monitored and adjustments be made as necessary.

5.2. Management

With the assistance and funding provided by USAID, a total of ten participants from CHIKWAWA District was able to attend training on management skills performed at the Malawi Institute of Management in Lilongwe. The training exposed participants to various skills in management and planning, financial management, communication skills, leadership and team building. It is anticipated the skills acquired during the training, will help these supervisors in managing properly their centres. Most of the participants from CHIKWAWA were selected from the Health Centres, i.e. Health Centre Supervisors

5.3. Quality Assurance

Training of 13 District Quality Assurance Committee (DQAC) members was conducted and facilitated by the Quality Assurance (QA) Specialists Mrs. Lynette Malianga and Mellina Mchombo. The Committee includes members from the DHMT, the Hospital Advisory Committee, Community Representatives and other departments within the hospital. The responsibility of the DQAC is to oversee all the district QA activities, including the provision of technical and administrative assistance in the implementation of different QA activities. The DQAC will help the District QA Coaches with the monitoring of the work of the health facility-based Quality Improvement Teams (QITs) in problem solving.

During the quarter the QA coaches conducted supervisory visits to all the 7 existing QITs. The

progress made by the various teams was documented using the tracking form provided to the district from the QA Project.

Eleven Program Coordinators attended a week long training in creation of a positive training climate. The training will help the Coordinators in creating a conducive training climate for participants in an adult learning situation. A training need in this area was observed by the Quality Assurance Coaches who at one point in time attended to some training sessions conducted by the Coordinators and saw a gap during the training. The training, will help the Coordinators in conducting effective training in various areas. The training will enable Coordinators to plan effective and quality training sessions for the benefit of the participants to apply the knowledge and skills gained to their work.

5.4. Information, Education and Communication (IEC)

The Project conducted training of 30 Programme Coordinators and Health Facility IEC Coordinators on IEC Skills. The participants were drawn from Government Health Centres, the District Hospital, SUCOMA Estate Clinics and St. Montfort Hospital (CHAM). The training aimed at preparing the participants to fulfill their roles as IEC coordinators in-charge in planning and implementation of IEC activities at their respective health facilities and at community level within the catchment area covered by the health facility.

A training of twenty-two drama groups members from 11 drama groups on specific IEC key messages took place in this quarter. Priority areas were identified and key messages developed by the district's IEC Task Force earlier this year. The training focused on key messages for the control, management and prevention of malaria, STDs, HIV/AIDS, diarrhoeal diseases and family planning. These drama groups have been used before in the dissemination of IEC messages by the STAFH Project in HIV/AIDS/STD prevention and Family Planning promotion. During the training, more emphasis was on the new areas that the drama groups are expected to convey to the community.

Additional IEC materials were collected from the Health Education Unit in Lilongwe and CHAPS in Mulanje District. Distribution of IEC materials to the Health Centres was carried out.

5.5. Transport Management

The Transport Committee met and reviewed the transport management system for the district's MOHP fleet. Some main issues discussed and resolved where the lack of proper hand over of vehicles and the need for allocation of an individual driver to each vehicle. The committee took appropriate action.

The Examiners from the Road Traffic Commission conducted driving tests for the district health personnel riding motorcycles. The management felt that for the safety of the Government Fleet, riders needed to have a license before receiving authorization to drive the Government motorcycles. Out of a total of twenty-four riders, seventeen riders passed the road test. The Examiners will retest the remaining riders once they are ready for the test.

5.6. Logistics

Construction and rehabilitation of the Ngabu Rural Hospital theatre and kitchen / nutrition

rehabilitation unit have been completed. Currently, the district does not have a qualified anaesthetic officer to man the theatre. Contacts were made with the training school at QECH in Blantyre and a letter sent by the DHO requesting the required staff for posting from MOHP. We hope that one anaesthetic officer will be posted at Ngabu once the current group of trainees completes the training at QECH in 2001. The procurement of the theatre equipment is underway.

During the quarter we carried out an assessment to establish whether the remaining outreach clinics physically qualify for the construction of an outreach shelter. The assessment team also examined the communities' interest towards the construction or maintenance through community participation.

The following criteria were established and used by the district team for the site to be considered for the construction or maintenance of an outreach shelter:

- Distance from the nearest health centre to the outreach shelter, i.e. 7 km and above
- Population served by the outreach clinic and workload for outreach activities at the respective site, i.e. number of villages served and monthly attendance of pregnant women for antenatal services, children less than five years of age for immunizations and clients for family planning
- Number of services provided by the clinics, i.e. antenatal, immunization and family planning services
- Geographical barriers, i.e. impassable rivers and bridges during rainy seasons
Community interest to have the shelter constructed or renovated, i.e. community contribution of, e.g. bricks, sand, stones, and labour, establishment of a Construction Committee

Findings of the assessment included that the district currently has a total of ninety-six outreach clinics. Out of the ninety-six clinics, thirty-one (32%) have shelters built according to government standards. However, out of the thirty-one shelters, fourteen need maintenance while seventeen shelters are in satisfactory state.

A total of sixty-five (67%) clinics do not currently have a shelter. Based on the above stated selection criteria, twenty-four clinics qualified for the provision of an outreach shelter.

By the end of this quarter progress under CHAPS included the construction of 9 outreach shelters that are nearly finished and the renovation of 3 shelters that are underway.

Challenge

Despite important community interest in the construction of further shelters, outside assistance and funding for materials such as cement and iron sheets, that are not available or affordable for the community will be required.

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6.0. PROGRAMME INTERVENTIONS

6.1. Family Planning

An initial training of 16 Community-Based Distributors (CBDs) of Contraceptives (Volunteers) and 6 primary CBD Supervisors were conducted during this quarter. The duration of the training was of two weeks for the CBDs and of 3 weeks for the CBD Supervisors. Among the CBDs trained, 8 were women and 8 were men.

Out of the sixteen CBDs, 3 CBDs scored below average during practical and mid term examinations. These CBDs will be practising as Community-Based Motivators under close supervision before being upgraded to Community-Based Distributors and receiving certificates. The Community and the HSAs followed all the criteria of choosing the CBDs, i.e. able to read and write, and respected in the community.

Briefing sessions on the Community-Based Distribution programme were held with 3 Village Health Committees (VHCs). These briefings aim at consolidating the relationship between the community and the volunteers trained as CBDs. During the sessions VHCs are also oriented about their role in helping the volunteers to motivate the community for the increased use of family planning methods.

Traditional Birth Attendant

An orientation of 20 Health Centre staff on the Traditional Birth Attendants' (TBA) programme was conducted. Participants were drawn from Government, CHAM and Private Health Facilities. The orientation focused on the contents covered during the TBA training and the data collection tools used for monitoring of TBA activities. Health facility supervisors trained will now help the District TBA Coordinator in the supervision of the 146 existing TBAs.

6.2. HIV/AIDS

Members of the Home-Based Care (HBC) Technical Subcommittee, Programme Supervisors and HBC Trainers conducted several meetings in this quarter. The purpose of the meetings was to review the HBC Training Curriculum based on the findings and recommendations of the National HBC Assessment performed by a team from MOHP, Umoyo Network, CDC and USAID.

Since refresher courses for forty-one HBC volunteers, initially trained under IEF/STAFH Project, are planned for this year, the revised curriculum will help in focusing on and strengthening of areas identified as weak areas or priorities during the assessment.

6.3. Adult Literacy (linked with HIV/AIDS and Family Planning)

Training of 10 new Adult Literacy Instructors in preparation for the opening of 10 new adult literacy classes was conducted. During the training, participants were trained on the Lepsa approach (a teaching methodology where Instructors sets a good learning climate for the learners to identify problems through a given example and analyses the problem so at the end finds solutions to the problem), HIV/AIDS and Family Planning messages, integration of HIV/AIDS and Family Planning messages with the 3Rs (Reading, wRiting and aRithmetic). A three-day workshop was conducted to develop the tools for the assessment of the 317 adult literacy learners who have completed the learning period of ten months in the 20 classes during this quarter. The assessment focused on evaluation of the HIV/AIDS and Family Planning components of the programme.

A total of 15 Community Development Assistants (CDAs) from the Ministry of Gender Youth and Community Services were trained on the CHAPS adult literacy programme. This was a three-

day training with the purpose of orienting the CDAs on the approach of CHAPS adult literacy programmes particularly the Lepsa teaching methodology, and the integration of HIV/AIDS and Family Planning messages. CDAs are important key players in the supervision and follow-up of the adult learners during and after the training.

6.4. Drug Revolving Funds (DRFs)

Six new DRFs were established and volunteers trained during this quarter. Eighteen DRF dispensers (volunteers), i.e. 13 men and five women, attended the training. These volunteers are trained along with the Village DRF Committee or Village Health Committee that comprises 10 members for each village. The purpose of training the committee members with the volunteers, is for the committee to be able to help the volunteers in the management of the DRF activities.

DRFs received the drugs required to start activities at community level and will be expected to procure any future supplies required from the supply system set up at the respective health centres.

6.5. Integrated Management of Childhood Illness (IMCI)

A baseline assessment for the Integrated Management of Childhood Illness, including visits to twenty-seven health facilities providing outpatient services for children less than five years of age, was completed. The assessment will provide the district with baseline information on current provision of health services for children and allow monitoring and evaluation of the IMCI programme once started in the district. The CHAPS Secretary did data entry using the computer software EPI6. A final report of the assessment is expected to come out shortly.

One Clinical Officer, one Enrolled Nurse and the IEF Technical Advisor were invited to attend a two-week training on IMCI case management organized by the Blantyre DHO's office and the Blantyre Integrated Malaria Initiative (BIMI). By the end of this quarter a total of 3 staffs from CHIKWAWA District Hospital and one staff from Makhwira Health Centre had attended IMCI case management training. The 3 hospital staffs are expected to review and improve services provided at the Integrated Under-5 Clinic at the District Hospital.

6.6. Exclusive Breast Feeding (EBF)

Two Registered Nurses from CHIKWAWA District attended a two-week Training of Trainers in Exclusive Breast-feeding conducted by the MOHP in Lilongwe. Before this training the district did not have any EBF Trainers. These Nurses will help the district in training health workers and other support staff in Exclusive Breast Feeding (EBF). After the training the trainers have developed their plan of activities, starting with training of staff from the District Hospital. A District EBF Committee has been established. This Committee will support the nurses in planning and implementation of EBF activities in the district.

6.7. Primary Eye Care (PEC)

Training of 48 Health Surveillance Assistants (HSAs) to identify and refer clients with eye problems was conducted. The HSAs trained will participate in the follow-up of Traditional Healers (THs) trained in Primary Eye Care. Training of the THs focused on recognition of patients with cataracts and other visual problems. Once these patients have been identified, they

refer them to the nearest health facility for further assessment and management.

During this quarter, follow-up visits to trained HSAs and Traditional Healers were conducted. During the visits, fifty-four clients with cataracts were seen. Upon further assessment thirty-nine patients were confirmed as having mature cataracts and were taken to CHIKWAWA District Hospital for operation.

6.8. Nutrition / Food Security

In preparation for the next growing season, the project has procured groundnut and soya seeds. Seeds are given to individual farmers involved in the programme to promote cultivation and consumption of food with high protein content at community level. Farmers are expected to return some seeds to the programme after the harvest so that more farmers can benefit from the seed exchange programme.

Extension Workers from MOHP and MOAI (HSAs and Field Assistants) have conducted follow-up visits to farmers who received soya and groundnut seeds in the previous growing season. Due to many problems such as erratic rains, elegant grasshoppers destroying some crops and late planting of the seeds, most of the farmers harvested very little soya and groundnuts. One lesson learned from last year's programme will be the need to distribute seeds earlier during the year and especially for soya seeds to focus on areas where soya is growing well. Pigeon / cow peas will be used as an alternative for areas where soya cannot be cultivated.

The project has also procured watering cans that will be distributed to farmers involved in the establishment of backyard gardens for the cultivation of vegetables. Vegetables rich in Vitamin A and/or oil will be promoted in the community. The programme aims at establishing 180 backyard gardens in twelve villages that will be selected upon availability of a water source and the level of motivation of the respective community. Vegetable seeds will be procured and distributed to the individual farmers. Experience from CHIKWAWA and other districts in the past, has shown that the promotion of individual household gardens was more successful than community owned gardens.

6.9. Water and Environmental Sanitation

The midterm evaluation of the CHAPS Water and Environmental Sanitation component, carried out by Concern Universal (CU), was conducted in May 2000. A multi sectoral team comprising people from Government line ministries, IEF, CU and an independent Consultant were involved in carrying out the evaluation. Twenty villages and four schools were selected as study area. Among the twenty villages, four villages were selected from out of the water and sanitation component impact area to act as control villages. Results of the evaluation are expected shortly.

Initial training of 18 Village Health Water Committees (VHWCs) and refresher training for twenty-four VHWCs were carried out in this quarter. A total of 420 community members (252 women and 168 men) attended the training. The training aims at building and increasing the capacity for hygiene and sanitation promotion at community level.

In addition various IEC activities, including drama and band performances, and village exchange visits took place. Those interventions aimed at promoting behaviour change in hygiene and sanitation. Thirty-three sessions of hygiene education were conducted in target villages using

trained band groups and Participatory Hygiene and Sanitation Transformation (PHAST) tools. Six exchange visits were carried out. The aim of the visits was to exchange ideas, skills and observe HESP/CBM activities that are being done in neighbouring villages. Group discussions were conducted after the visits focusing on the progress of activities, problems being faced and actions being taken to address the issues.

During this quarter the community constructed a total of 469 new traditional pit latrines, 769 traditional pit latrines were improved through installation of sanplats or dome shaped slabs. 246 hand washing facilities were installed close to pit latrines and are used by the respective households. 317 new refuse pits, 911 new bath shelters, 455 new dish racks were constructed. Altogether 8 VHWCs constructed brick fences around their water points to keep animals away.

Further Village Level Operation and Maintenance (VLOM) activities were conducted in this quarter. The aim of these activities is to increase access to safe and potable water to communities by training and involving community members in the maintenance of their boreholes and water pumps. 126 VHWC members (eighty-four women and forty-two men) received training in simple pump maintenance. Eight Pump caretakers were trained in major Afridev hand pump maintenance (CBM second phase). In CBM second phase training, the community is trained in major pump maintenance that go beyond taking out pipes from the borehole if there is a problem as opposed to the first phase that involves only small parts maintenance. 29 VHWCs established borehole maintenance funds, eighteen purchased spare parts for simple pump maintenance and 3 VHWCs opened Savings Accounts for their surplus money.

To monitor the progress of the programme activities, forty-two follow-up visits were conducted to villages where problems had been encountered. Some problems encountered during the visits, were low coverage of pit latrines, installation of san plats casted, refuse pits and contribution of maintenance funds. During the visits, DPMT members held discussions with the communities, VHWC and the extension workers to find solutions of the problems identified. Follow-up to other villages with trained VHWC members continued to be conducted in the quarter.

Challenge

The lack of borehole spare parts in Chipiku Stores remains unresolved and is affecting the smooth implementation of CBM activities at community level. Local grocery owners who were trained to stock Afridev spare parts at community level are not able to acquire the parts from Chipiku Stores. Therefore, communities are failing to repair their boreholes. This is reflected by an increased number of boreholes broken down and communities with funds but without spare parts in stock. The Project is working in 170 villages during the reporting period and it is expected that 95% of the villages have boreholes working always. However, 87% of the villages had functional boreholes during the reporting period due to break down of boreholes facilitated by lack of spare parts.

7.0. WAY FORWARD

The following table summarizes CHIKWAWA CHAPS activities planned for the forthcoming quarter, July to September 2000:

7.1. CAPACITY BUILDING	
AREA OF INTERVENTION	ACTIVITIES PLANNED
Planning	Completion of District Annual Health Work

	plan Quarterly Work plan review meeting
Financial Management	External consultancy: assessment and improvement of DHO's financial management system
Quality Assurance	Training of 3 additional QITs Supervision of 7 QITs in place
Information, Education and Communication	Training of 11 additional drama groups on specific IEC key messages Performance of fifteen drama and film shows on family planning and HIV/AIDS prevention at community level Testimonials of PLWA (People Living With AIDS) and group discussions at community level Follow up visits to trained HC IEC Coordinators
Supervision Health Management and Information System	Training of twenty district supervisors on supervisory skills Development of supervisory guidelines and tools Training of thirty HSAs in data collection and use Training of twelve health centre supervisors on HMIS
Communication	Installation of radios in one additional maternity unit (CHAM health centre) and one ambulance

7.2. PROGRAMME INTERVENTIONS	
AREA OF INTERVENTION	ACTIVITIES PLANNED
Family Planning	Training of fifteen new CBDs Performance of quarterly meeting with FP Providers Refresher training for sixty TBAs, including

	<p>orientation on family planning and condom promotion</p> <p>Review meeting with 30 CORE Providers on use of monitoring tools</p> <p>Follow-up of activities on adolescent fertility</p>
HIV / AIDS / STDs	<p>Completion of review of the HBC training curriculum</p> <p>Procurement of HBC kits for existing forty-one HBC volunteers</p> <p>Refresher training for forty-one HBC volunteers</p> <p>Performance of fifteen competitions for youth clubs on HIV/AIDS/STD prevention</p>
Adult Literacy	<p>Assessment of the 317 adult literacy learners</p> <p>Establishment of 10 new adult literacy classes</p> <p>Establishment of 20 Rural Information Centres with provision of reading materials on family planning and HIV/AIDS prevention</p> <p>Training of two adult literacy committees</p>
Oral Rehydration Therapy & Exclusive Breast-feeding	<p>Community sensitization meetings with local leaders about ORT and EBF (100 GMVs, thirty HSAs and 300 VHC members)</p> <p>Training of 100 GMVs on ORT and EBF</p> <p>Procurement and distribution of ORT materials to GMVs for ORT at community level</p> <p>Development of tools and set up of monitoring system for ORT and EBF activities</p>

AREA OF INTERVENTION	ACTIVITIES PLANNED
Primary Eye Care	<p>Training of sixty traditional healers on PEC</p> <p>Follow-up visits to HSAs, traditional healers and primary school teachers trained on PEC</p>
Nutrition/Food Security	<p>Training of 120 farmers on soya processing and use</p> <p>Follow-up visits to twelve villages earmarked for the establishment of backyard gardens for</p>

	<p>vegetable production</p> <p>Training of 180 farmers on permaculture and biological seed/vegetable preservation techniques</p> <p>Collection of soya and groundnut seeds from farmers involved in last year's programme</p> <p>Procurement of twelve solar dryers for vegetable preservation</p>
<p>Water and Environmental Sanitation</p>	<p>Initial training for thirty VHWCs</p> <p>Refresher training for 10 VHWCs</p> <p>Construction of 300 new traditional pit latrines, 300 improved pit latrines with sanplats/dome shaped slabs, ninety hand washing facilities, 400 bath shelters, 400 refuse pits and 600 dish racks</p> <p>Collection of borehole maintenance funds among thirty VHWCs, fifteen VHWCs with spare parts in stock, 3 additional VHWCs opening POSB</p> <p>Construction of brick fences around four water points</p> <p>Assessment of water supply and sanitation at MOHP health facilities</p> <p>Procurement and distribution of chlorine to trained VHVs</p>